

INSPECTION REPORT AND NOTICE OF NONCOMPLIANCE

Report Date:	Inspection Date	Permit No.:	State Seal #	Parcel No:	
Project Address		Subdivision		Lot No.:	Block No.:

Inspection	<input type="checkbox"/> Footing	<input type="checkbox"/> Erosion Control	<input type="checkbox"/> Foundation	<input type="checkbox"/> Bsmt Drain Tile	<input type="checkbox"/> Underslab Plbg	<input type="checkbox"/> Rough HVAC
Type(s):	<input type="checkbox"/> Rough Plumbing	<input type="checkbox"/> Rough Electrical	<input type="checkbox"/> Construction	<input type="checkbox"/> Insulation/Energy	<input type="checkbox"/> Final	<input type="checkbox"/> Other:

Area Inspected, if Partial Inspection:	If Final Inspection, Occupancy May: <input type="checkbox"/> Take Place Now <input type="checkbox"/> Take Place Temporarily for _____ days <input type="checkbox"/> Not Take Place Until The Items Below Are Corrected and Inspected <input type="checkbox"/> Other:
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Owner:	Contractor:

AN INSPECTION OF THE ABOVE PREMISES HAS DISCLOSED THE FOLLOWING NONCOMPLIANCES: ☐ None Noted

[illegible]

IMPORTANT: Please report when violations are corrected. AVOID DELAY

NOTICE OF NONCOMPLIANCE: All cited violations shall be corrected within 30 days after written notification unless an extension of time is granted. Each day that the violation continues after notice shall constitute a separate offense and is subject to remedies and penalties by the authority having jurisdiction. Appeals per ch. 68, WI Stats. and s. Comm 20.21.

Enforcing Jurisdiction:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> County OF:	Bldg Location Muni #	Authority By Municipal Ordinance
	<input type="checkbox"/> State Staff <input type="checkbox"/> State Insp Agency#	--	Section::

Inspector's Name:	Violations Explained To:	Compliance Date:
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Inspector's Address:	Office Hours:	Telephone No:
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Orders Referred for Followup Legal Action To:	Date	Noncompliances Verified to Still Exist? (If needed, notate orders above.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Fees Collected(+)/Refunded(-) By State-Contracted Agency \$ Since Original Permit Issuance:
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Distribution: Ply 1 – Contractor Ply 2 – Inspector/State Ply 3 - Owner Ply 4 - File

